

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>ORIGINAL NO.</small> <div>10/552792</div> <small>APPLICATION NO.</small>		<small>FILED DATE</small> 				
CLAIMS													
	AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>			AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.			↓		↓	
TOTAL DEP.			←		←		TOTAL DEP.			←		←	
TOTAL CLAIMS			←		←		TOTAL CLAIMS			←		←	